

Kansas State Fire Marshal

700 SW Jackson Suite 600 Topeka, KS 66603-3714 785-296-3401

Application For Registration As A Certified Firm Under The Provisions Of Article 10 State Fire Marshal's Regulations

3usiness Name (If partners	ship, include name of each partner	under Responsible Persons Info	rmation below)	
Business Address		The applicant is:		
City	State Zip Code	An Individual A Partnership A Corporation Other If Other, Specify		
County		FEE (Circle <u>All</u> That Apply) RA \$50.00 RB \$25.00		
Business Phone (Include Area Code)		RC \$25.00 RD	RC \$25.00 RD \$50.00 Exempt (Payment must be included with application) Total \$	
RD – service, cha • Exemption from payment of applicant's political or taxing. • Provide photo copy of insurand property damage, min minimum coverage \$1,000, • Provide written authorization install or service (Class RA for List Manufacturer(s) (Class List Manufacturer(s) (Class Class Class Manufacturer(s) (Class Class C	on from manufacturer whose products a firm and/or Class RD firm). RA firm)	ervice is performed only on portable experience of servicing employee(s). Insurer showing coverage for compreha firm, minimum coverage \$100,000 are used by the firm. Include type(s)	extinguishers owned and used only be ensive general liability for bodily injur- for Class RB and Class RC firm, ar of system(s) the firm is authorized to	
List information required	RESPONSIBLE Pe for each individual, owner, partner,	ERSONS INFORMATION	in applicant business	
Full Name	Position/Title	Home Address (Include Zip Code)	Home Phone (Include Area Code)	
CERTIFICATION: Under submitted in support thereo	er the penalties imposed by K.S.A. 21	-3805, I declare that I have exam	ined this application and documer	

Applicant's Signature Title Date